



Franchise Return For Financial Institutions

Period Ending ____ / ____ (mm/yy) ▲

OFFICIAL USE ONLY

Check all that apply:

- ☐ This is a Short Period Return. ☐ Mailing Address Change
☐ The bank has opened, closed, or moved branch locations. Provide a schedule.

Contact Person

Phone No.: (____) ____ - ____

Name and Address

Please check the appropriate box

- ☐ 01 Pay Return ☐ 02 Amended Pay
☐ 03 No Pay Return ☐ 05 Amended No Pay

FEIN: _____ ▲

If this is a first or final return, check the appropriate boxes.

- First Return: ☐ New Business ☐ Successor ☐ Entering Iowa
Final Return: ☐ Reorganized ☐ Merged ☐ Dissolved

Type of Return:

- ☐ 100% Iowa ☐ Not 100% Iowa
☐ No Iowa banking locations ☐ Inactive bank

Filing Status: ☐ Separate Iowa/Federal S Corporation
☐ Separate Iowa/Separate Federal ☐ Separate Iowa/Consolidated Federal
Name of Consolidated Parent: _____
Parent's FEIN: _____

Was federal income or federal tax changed for any prior period(s)?

- ☐ Yes. Periods changed: _____ Reason: ☐ Federal audit
☐ No ☐ 1120X ☐ 1139

USE WHOLE DOLLARS ONLY

1. NET INCOME from federal return before net operating loss	1. _____	.00 ▲
2. INTEREST and DIVIDENDS exempt from federal income tax	2. _____	.00 ▲
3. IOWA FRANCHISE TAX EXPENSED ON FEDERAL RETURN	3. _____	.00 ▲
4. OTHER ADDITIONS from Schedule A	4. _____	.00 ▲
5. TOTAL IOWA INCOME. Add lines 1 through 4.	5. _____	.00
6. OTHER REDUCTIONS from Schedule D	6. _____	.00
7. INCOME SUBJECT TO APPORTIONMENT. Subtract line 6 from line 5.	7. _____	.00
8. IOWA PERCENTAGE from Schedule 59F, line 19	8. _____	%
9. DEDUCTION for APPORTIONED INCOME from Schedule 59F, line 22	9. _____	.00
10. NET OPERATING LOSS from Schedule F	10. _____	.00
11. TOTAL REDUCTIONS. Add lines 6, 9, and 10.	11. _____	.00 ▲
12. IOWA NET INCOME subject to franchise tax. Subtract line 11 from line 5.	12. _____	.00 ▲
13. COMPUTED TAX. Multiply line 12 by 5% (.05).	13. _____	.00
14. MINIMUM TAX from IA 4626F	14. _____	.00 ▲
15. TOTAL TAX. Add lines 13 and 14.	15. _____	.00
16. MINIMUM TAX CREDIT from IA 8827F	16. _____	.00 ▲
17. OTHER CREDITS from IA 148	17. _____	.00
18. PAYMENTS from Schedule C, line 8	18. _____	.00
19. TOTAL CREDITS and PAYMENTS. Add lines 16, 17, and 18.	19. _____	.00
20. NET AMOUNT. Subtract line 19 from line 15.	20. _____	.00 ▲
21. PENALTY for underpayment of estimated tax: Attach IA 2220.	21. _____	.00
22. PENALTY for failure to pay or failure to file	22. _____	.00
23. TOTAL PENALTIES. Add lines 21 and 22.	23. _____	.00 ▲
24. INTEREST	24. _____	.00 ▲
25. TOTAL DUE. Add lines 20, 23, and 24. Make check payable to "Treasurer - State of Iowa"	25. _____	.00 ▲
26. NET OVERPAYMENT. Subtract line 21 from line 20.	26. _____	.00
27. CREDIT TO NEXT PERIOD'S ESTIMATED TAX	27. _____	.00 ▲
28. REFUND REQUESTED. Subtract line 27 from line 26.	28. _____	.00

29.

FOR OFFICIAL USE ONLY

29. _____

A complete copy of your federal return, as filed with the Internal Revenue Service, MUST be filed with this return. If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and to the best of my knowledge, believe it to be true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Officer's Signature: _____ Date: _____ Title: _____ Phone: _____

Preparer's Signature: _____ Date: _____ ID No.: _____ Phone: _____

Name of Financial Institution: _____

FEIN: _____

Round to nearest whole dollar.

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempt sections 291 and 265		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Depreciation Adjustment from IA 4562A		
8. Other:		
9. TOTALS		
Enter Totals On:	Line 4, IA 1120F	Line 6, IA 1120F

2012 IA 1120F Schedule C - Payments

Current Period's Estimated Tax Payments	Amount	Date of Payment
1. Prior Period's Overpayment Credited to Current Period		
2. First Installment:		
3. Second Installment:		
4. Third Installment:		
5. Fourth Installment:		
6. Voucher Payments		
7. Other Payments		
8. Total Payments. Add lines 1 through 7. Enter on line 18, IA 1120F.		

Additional Information

1 Short period information: Period ____ / ____ to ____ / ____

Reason for short period: _____

2 Year business was started in Iowa: _____

3 Information from the prior return:

Corporation Name: _____

FEIN: _____ Net Income: _____

4 Accounting method: ☐ Cash ☐ Accrual Year accrual method began: _____**Mail your return to:**

Franchise Tax Processing
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413

Questions?**Contact Taxpayer Services**

idr@iowa.gov

515-281-3114 / 800-367-3388

When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.